

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>Alan 8/4/03</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>MIKE DALLEY STAKER & PARSONS COMPANIES 1730 N BECK ST SALT LAKE CITY UT 84116</p>		<p>B. Received by (Printed Name) <i>Alice Niemeyer</i> C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) 7099 3400 0016 8896 3717</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001</p>		<p>Domestic Return Receipt 102595-02-M-1035</p>	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
JB DOGM M/049/031 & M/049/032 7/30/03	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Recipient's Name (Please Print Clearly) (to be completed by mailer) MIKE DALLEY - STAKER & PARSONS COMPANIES Street, Apt. No.; or PO Box No. 1730 N BECK ST City, State, ZIP+4 SALT LAKE CITY UT 84116 PS Form 3800, February 2000	